

**STATE OF NEBRASKA
BOARD OF PUBLIC ACCOUNTANCY
P.O. Box 94725, Lincoln, NE 68509
www.nol.org/home/BPA**

Program Qualification Form

USE A SEPARATE FORM FOR EACH QUALIFICATION REQUESTED

A. Please answer items 1 through 12:

1. Name of requesting person/firm: _____

Organization of person/firm: _____

Certificate # _____ E-mail: _____

Address: _____

City: _____ State: _____ Zip: _____

2. Course Title: _____

3. Requested number of CPE hours of credit: _____

4. If all or part of this course qualifies for ethics hours, record the hours here: _____

5. Date(s) of course/presentation: _____

6. Method of Delivery:

<input type="checkbox"/> Self Study	<input type="checkbox"/> Formal (live)	<input type="checkbox"/> Publication
<input type="checkbox"/> Instruction/Presentation	<input type="checkbox"/> College Course	<input type="checkbox"/> Video-conference
<input type="checkbox"/> Audio-conference	<input type="checkbox"/> Tele-conference	

7. Location of Course: _____

8. Sponsoring Organization: _____

9. Is the Sponsor registered with NASBA? Registry # ☐ Yes ☐ No

10. Business address of Sponsoring Organization: _____

11. Contact Person: _____ Phone #: _____

12. **ATTACH A STATEMENT ON HOW THIS COURSE RELATES TO YOUR PRACTICE OF PUBLIC ACCOUNTANCY. DESCRIBE HOW THE COURSE CONTRIBUTES TO THE PROFESSIONAL AND TECHNICAL COMPETANCY OF A CPA IN PUBLIC PRACTICE.**

B. You **Must** Include:

☐ Course outline/syllabus ☐ Course timeline

☐ Name and background of Instructor/Speaker